

REPORT OF  
(Check one)

☐  
☐

DISSOLUTION OF MARRIAGE  
ANNULMENT OF MARRIAGE

# FLORIDA

|                               |                   |  |  |  |  |
|-------------------------------|-------------------|--|--|--|--|
| COUNTY                        |                   |  | DATE OF FINAL JUDGMENT                                   |  |  |
| 1                             |                   |  | 2  |  |  |
| DOCKET                        |                   | VOL.                                   | PAGE   | DATE FILED AND RECORDED                  |  |
| 3                             |                   | 4                                      |  |  |  |
| HUSBAND                       | HUSBAND—NAME      |  |  |  |  |
|                               | First             |  | Middle   | Last                                     |  |
|                               | 5                 |  |  |  |  |
|                               | RESIDENCE—STATE   |  | COUNTY   | CITY, TOWN, OR LOCATION                  |  |
| WIFE                          | 6a                |  | 6b   | 6c                                       |  |
|                               | STREET AND NUMBER |  |  |  |  |
|                               | 6d                |  |  |  |  |
|                               | WIFE—NAME         |  |  |  |  |
| First                         |                   | Middle                                 | Last   | MAIDEN NAME                              |  |
| 7a                            |                   | 7b                                     |  |  |  |
| RESIDENCE—STATE               |                   | COUNTY                                 | CITY, TOWN, OR LOCATION                                  |  |  |
| 8a                            |                   | 8b                                     | 8c   |  |  |
| STREET AND NUMBER             |                   |  |  |  |  |
| 8d                            |                   |  |  |  |  |
| PLACE OF THIS MARRIAGE—COUNTY |                   | STATE (If not in U.S.A., name country) |  | DATE OF THIS MARRIAGE (Month, Day, Year) |  |
| 9a                            |                   | 9b                                     |  | 9c                                       |  |
| LIVING CHILDREN—TOTAL NUMBER  |                   | UNDER 18 YEARS OF AGE                  | PETITIONER Husband, Wife, Other (Specify)                |  |  |
| 10a                           |                   | 10b                                    | 11   |  |  |
| ATTORNEY FOR PETITIONER—NAME  |                   |  | ADDRESS (Street or R.F.D. No., City or Town, State, Zip) |  |  |
| 12a                           |                   |  | 12b  |  |  |
| CLERK OF CIRCUIT COURT        |                   |  | BY   |  |  |
| 13                            |                   |  |  |  |  |

HRS Form 513, 5-77 (Replaces OPCVS Form VS#400)

State of Florida  
Department of Health and Rehabilitative Services  
Vital Statistics